


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90186 023 ***150.00

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DOCUMENT # K16379 1. Entity Name UNITED AMERICAN REALTY CORPORATION			
Principal Place of Business 8302 LAUREL FAIR COURT SUITE 100 TAMPA, FL 33610 US		Mailing Address 8302 LAUREL FAIR COURT SUITE 100 TAMPA, FL 33610 US	
2. Principal Place of Business - No P.O. Box # 12570 TELECOM DRIVE Suite, Apt. #, etc.		3. Mailing Address 12570 TELECOM DRIVE Suite, Apt. #, etc.	
City & State TEMPLE TERRACE FL Zip 33637		City & State TEMPLE TERRACE FL Zip 33637	
Country US		Country US	
4. FEI Number 59-2879953		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMER, GORDON 8302 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME COMER, GORDON	TITLE NAME 12570 TELECOM DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8302 LAUREL FAIR CIRCLE, SUITE 100	CITY-ST-ZIP TAMPA, FL 33610	STREET ADDRESS TEMPLE TERRACE FL	CITY-ST-ZIP 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Gordon Comer President</i>		Date: 4/28/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	